

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE				
							APPLICANT(S)						
							CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9	2						59						
10	1						60						
11	1						61						
12	1						62						
13	1						63						
14	3						64						
15	3						65						
16	2						66						
17	1						67						
18	2						68						
19	1						69						
20	1						70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30	3						80						
31							81						
32							82						
33							83						
34							84						
35	2						85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42	12	12					92						
43	12	12	2	4			93						
44	12	12	2	6			94						
45	12	12	2	6			95						
46							96						
47	1						97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.	2					
TOTAL DEP.							TOTAL DEP.	109					
TOTAL CLAIMS							TOTAL CLAIMS	111					